

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE
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Fax (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark up with any corrections or use Block 1)

7590 02/04/2003
Gary S Engelson
Wolf Greenfield & Sacks PC
600 Atlantic Avenue
Boston, MA 02210-2211

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/532,837	03/21/2000	William T. Clark	M0506/7021	7155

TITLE OF INVENTION: ENHANCED DATA CABLE WITH CROSS-TWIST CABLED CORE PROFILE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	05/05/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CHAUN	2831	174-11300C

1. Change of correspondence address or indication of "Fee Address". (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wolf, Greenfield
2 & Sacks, P.C.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cable Design Technologies, Inc.

Leominster, MA USA

Please check the appropriate assignee category or categories (will not be printed on the patent)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> corporation or other private group entity	<input type="checkbox"/> government
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4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee
 Advance Order - # of Copies _____

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 A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Commissioner is hereby authorized by change the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

John Crotasni (Date) *May 5, 2003*

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05/06/2003 WASFANR 00000101 09332837

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